

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214506482		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AMERICAN SOCIETY FOR TRAINING AND DEVELOPMENT, INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: WI</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2014</p> <p>SCC ID NO: F0463259</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: P.O. BOX 1443 CITY/ST/ZIP: ALEXANDRIA, VA 22313 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TONY BINGHAM TITLE: PRES/CEO ADDRESS: P O BOX 1443 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22313-2043 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TONY BINGHAM TITLE: PRES/CEO ADDRESS: P O BOX 1443 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22313-2043	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TONY BINGHAM TITLE: PRES/CEO ADDRESS: P O BOX 1443 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22313-2043	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARTHA SOEHREN TITLE: CHAIR ADDRESS: ONE COMCAST CENTER CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARTHA SOEHREN TITLE: CHAIR ADDRESS: ONE COMCAST CENTER CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARTHA SOEHREN TITLE: CHAIR ADDRESS: ONE COMCAST CENTER CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Charles Fred TITLE: Chairelect Trea ADDRESS: 5690 DTC Blvd. Suite 400W CITY/ST/ZIP/CO: Greenwood Village, CO 80111 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Charles Fred TITLE: Chairelect Trea ADDRESS: 5690 DTC Blvd. Suite 400W CITY/ST/ZIP/CO: Greenwood Village, CO 80111	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Charles Fred TITLE: Chairelect Trea ADDRESS: 5690 DTC Blvd. Suite 400W CITY/ST/ZIP/CO: Greenwood Village, CO 80111	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Rob Green TITLE: SECRETARY ADDRESS: 605 Marine View Place CITY/ST/ZIP/CO: Mukilteo, WA 98275 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Rob Green TITLE: SECRETARY ADDRESS: 605 Marine View Place CITY/ST/ZIP/CO: Mukilteo, WA 98275	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Rob Green TITLE: SECRETARY ADDRESS: 605 Marine View Place CITY/ST/ZIP/CO: Mukilteo, WA 98275	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Jenny Dearborn TITLE: DIRECTOR ADDRESS: 1 Tower Place Suite 1100 CITY/ST/ZIP/CO: South San Francisco, CA 94080 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Jenny Dearborn TITLE: DIRECTOR ADDRESS: 1 Tower Place Suite 1100 CITY/ST/ZIP/CO: South San Francisco, CA 94080	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Jenny Dearborn TITLE: DIRECTOR ADDRESS: 1 Tower Place Suite 1100 CITY/ST/ZIP/CO: South San Francisco, CA 94080	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Lisa Downs TITLE: DIRECTOR ADDRESS: 505 1st Avenue S CITY/ST/ZIP/CO: Seattle, WA 98104 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Lisa Downs TITLE: DIRECTOR ADDRESS: 505 1st Avenue S CITY/ST/ZIP/CO: Seattle, WA 98104	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Lisa Downs TITLE: DIRECTOR ADDRESS: 505 1st Avenue S CITY/ST/ZIP/CO: Seattle, WA 98104	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Korcuska DIRECTOR 2029 Stierlin Court Mountain View, CA 94043	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marci Meaux DIRECTOR 170 West Tasman Drive San Jose, CA 95134	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Todd DIRECTOR 137 2nd Ave New York, NY 10003	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Melissa Daimler DIRECTOR 1355 Market Street 9th Floor San Francisco, CA 94103	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mary McNevin DIRECTOR 12201 Bluegrass Pkwy Louisville, KY 40299	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian Miller DIRECTOR 333 Lakeside Drive Foster City, CA 94404	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ TONY BINGHAM	TONY BINGHAM, PRES/CEO	1/30/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		